SERIAL NO. MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) FILING DATE APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AS FILED AFTER
2nd AMENDMENT DEP. IND. IND. DEP. IND. DEP. INC. DEP. IND. DEP. IND. DEP. 1: 1' 2: 28 24 25 Ó8 35 TOTAL TOTAL DEP. TOTAL SHAY BE USED FOR ADDITIONAL GRADUS OR AND JUNEAUS THE DEPARTMENT OF COLUMN COLOR

without Other and Millian Section .